

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number:

JMYT-357US

First Named Inventor:

Eive Tord Ronny Allansson

COMPLETE IF KNOWN

Application Number:

Filing Date:

Art Unit:

Examiner Name:

☐ Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

☐ Supplemental
Declaration
(37 CFR 1.67)

I/we hereby authorize my/our attorney(s)/agent(s), at the time of filing of this Declaration/Power of Attorney for Utility or Design Patent Application, to select the appropriate check box (shown above), and to enter the application number and filing date in the caption of this document.

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS OF CONTROLLING REDUCTANT ADDITION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/18/2004 as United States Application or PCT International Application Number PCT/GB2004/002643 and was amended on (MM/DD/YYYY) by a Preliminary Amendment filed along with the U.S. National Phase application.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
0314242.9	GB	06/18/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0314463.1	GB	06/23/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0322963.0	GB	10/01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ **Practitioners at Customer Number 23122**
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Eive Tord Ronny

Allansson

Inventor's Signature _____

Date: _____

Residence: City: Kungsbacka

State:

Country: Sweden

Citizenship: Swedish

Mailing Address: Norra Annebergsvagen 123

Mailing Address:

City: Kungsbacka

State:

Zip: S-434 96

Country: Sweden

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Anders Klas			Andreasson		
Inventor's Signature _____				Date: _____	
Residence: City: V. Frolunda	State:	Country: Sweden		Citizenship: Swedish	
Mailing Address: Traneredsvagen 60A					
Mailing Address:					
City: V. Frolunda	State:	Zip: S-426 77	Country: Sweden		
Name of Third Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Claus Friedrich			Goersmann		
Inventor's Signature _____				Date: _____	
Residence: City: Royston	State:	Country: United Kingdom		Citizenship: German	
Mailing Address: 17 Oakley Court, Mill Road					
Mailing Address:					
City: Royston	State:	Zip: SG8 7BQ	Country: United Kingdom		
Name of Fourth Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Mats			Lavenius		
Inventor's Signature _____				Date: _____	
Residence: City: Partille	State:	Country: Sweden		Citizenship: Swedish	
Mailing Address: Vandstensvagen 13					
Mailing Address:					
City: Partille	State:	Zip: 33 30	Country: Sweden		
<input checked="" type="checkbox"/> Additional inventors are listed on <u>1</u> Supplemental Sheet(s).					

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Martyn Vincent		Twigg	
Inventor's Signature _____		Date: _____	
Residence: City: Cambridge	State:	Country: United Kingdom	Citizenship: British
Mailing Address: 108 Ermine Street			
Mailing Address: Caxton			
City: Cambridge	State:	Zip: CB3 8PQ	Country: United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Andrew Peter		Walker	
Inventor's Signature _____		Date: _____	
Residence: City: Chester Springs	State: PA	Country: US	Citizenship: British
Mailing Address: 303 Elmhurst Drive			
Mailing Address:			
City: Chester Springs	State: PA	Zip: 19425	Country: US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: